

Revision: HCFA-AT-81-34 (BPP)

10-81

State ALASKACitation4.21 Prohibition Against Reassignment of  
Provider Claims

42 CFR 447.10(c)

AT-78-90

46 FR 42699

Payment for Medicaid services  
furnished by any provider under this  
plan is made only in accordance with  
the requirements of 42 CFR 447.10.

TN # 81-6

Supersedes

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